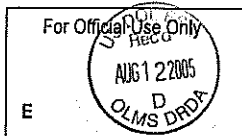


**AMENDED**  
**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<b>1. File Number U -</b> <u>2504</u>	<b>2. Fiscal Year Covered From:</b> <div style="text-align: center;">1 / 1 / 2004 Through: 12 / 31 / 2004</div>
<b>3. Name and address of person filing.</b>  Name <u>Harold</u> <u>A</u> <u>Forman</u>  P.O. Box, Bldg., Room No., if any _____  Street <u>1775 K Street, NW</u>  City <u>Washington</u>  State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>	<b>4. Name, file number, and address of labor organization.</b>  Name <u>UFCW Int'l Union</u>  Labor Organization File Number <u>000-056</u>  P.O. Box, Building and Room Number, if any _____  Street <u>1775 K Street, NW</u>  City <u>Washington</u>  State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>
<b>5. Position in labor organization.</b> <u>Director of Research</u>	

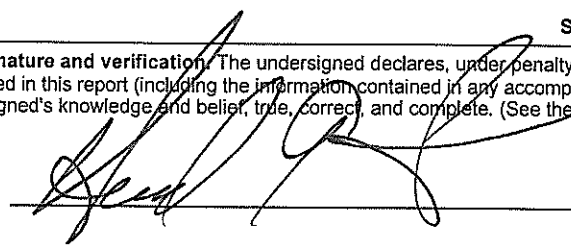
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

<b>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</b>	
<b>6. Name and address of Employer (including trade name, if any).</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>7.a. Nature of Interest, Transaction, or Income.</b> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <b>7.b. Amount.</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/11/05  
Date

202 223 3111  
Telephone Number

Name of Person Filing Harold Forman

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Yucaipa Companies

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 9130 West Sunset Blvd.

City Los Angeles

State California ZIP Code + 4 90069

## 14.a. Nature of payment.

Baseball tickets; business meals (3).

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

## 14.b. Amount of payment.

\$361



## LEGAL DEPARTMENT



**Edward P. Wendel**  
General Counsel

August 11, 2005

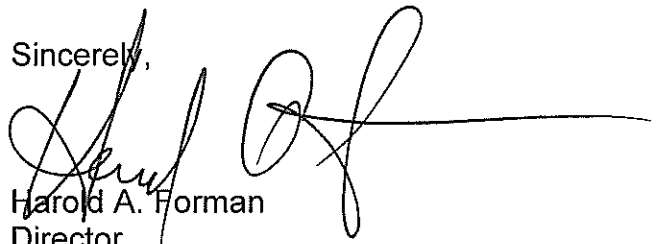
U.S. Department of Labor  
ESA/OLMS  
Room N-5616  
200 Constitution Ave.  
Washington DC, 20210

Re: Amended LM-30 for 2004

Dear Sir or Madam:

Enclosed please find for filing an Amended Form LM-30 for 2004. This updates the Form LM-30 I filed dated June 30, 2004 to reflect additional information received since that time.

Sincerely,



Harold A. Forman  
Director  
Research Office

Enclosure

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